

44

FILED KWS

DEC 30 2015

UNITED STATES BANKRUPTCY COURT  
EASTERN DISTRICT OF CALIFORNIA

Fill in this information to identify your case:

Debtor 1	GERALD	WILLIAM	FILICE	
	First Name	Middle Name	Last Name	
Debtor 2	(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California				
Case number 15-29534 (if known)				

 Check if this is an amended filing**Official Form 106Sum****Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

**Part 1: Summarize Your Assets**

		Your assets
		Value of what you own
1.	Schedule A/B: Property (Official Form 106A/B)	
1a.	Copy line 55, Total real estate, from Schedule A/B.....	\$ 340,000.00
1b.	Copy line 62, Total personal property, from Schedule A/B.....	\$ 211,399.00
1c.	Copy line 63, Total of all property on Schedule A/B .....	\$ 551,399.00

**Part 2: Summarize Your Liabilities**

		Your liabilities
		Amount you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)	
2a.	Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D.....	\$ 571,678.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	
3a.	Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F.....	\$ 0.00
3b.	Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F .....	+ \$ 367,787.00
		<b>Your total liabilities</b>
		\$ 939,465.00

**Part 3: Summarize Your Income and Expenses**

4.	Schedule I: Your Income (Official Form 106I)	\$ 2,500.00
	Copy your combined monthly income from line 12 of Schedule I.....	
5.	Schedule J: Your Expenses (Official Form 106J)	\$ 4,405.00
	Copy your monthly expenses from line 22c of Schedule J .....	

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) 15-29534

**Part 4: Answer These Questions for Administrative and Statistical Records**

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.  
 Yes

**7. What kind of debt do you have?**

- Your debts are primarily consumer debts.** Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.  
 **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

\$ 5,750.00

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

**Total claim**

**From Part 4 on Schedule E/F, copy the following:**

9a. Domestic support obligations (Copy line 6a.) \$ 0.00

9b. Taxes and certain other debts you owe the government. (Copy line 6b.) \$ 0.00

9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) \$ 0.00

9d. Student loans. (Copy line 6f.) \$ 0.00

9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) \$ 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) + \$ 0.00

9g. **Total.** Add lines 9a through 9f. \$ 0.00

Fill in this information to identify your case and this filing:

Debtor 1	GERALD	WILLIAM	FILICE
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number		15-29534	

Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

##### 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

No. Go to Part 2.

Yes. Where is the property?

1.1. 4040 Rontree Lane

Street address, if available, or other description

Somerset CA 95684  
City State ZIP Code

EI Dorado

County

If you own or have more than one, list here:

1.2. 1201 Watt Avenue

Street address, if available, or other description

Sacramento, CA 95864  
City State ZIP Code

Sacramento  
County

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other single fam. + farm

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ 450,000.00 \$ 225,000.00

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

community property 1/2 interest

Check if this is community property (see instructions)

**What is the property?** Check all that apply.

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

**Who has an interest in the property?** Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ 230,000.00 \$ 115,000.00

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

1/2 cotenancy

Check if this is community property (see instructions)

Debtor 1 GERALD WILLIAM FILICE  
 First Name Middle Name Last Name

Case number (if known) 15-29534

1.3. Street address, if available, or other description  
 \_\_\_\_\_

**What is the property? Check all that apply.**

- Single-family home
- Duplex or multi-unit building
- Condominium or cooperative
- Manufactured or mobile home
- Land
- Investment property
- Timeshare
- Other \_\_\_\_\_

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

County \_\_\_\_\_

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

**Check if this is community property (see instructions)**

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. →

\$ 340,000.00

**Part 2: Describe Your Vehicles**

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.**

3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles

- No
- Yes

3.1. Make: BMW  
 Model: 528i  
 Year: 1998  
 Approximate mileage: 165000

Other information:

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ 4,000.00 \$ 4,000.00

If you own or have more than one, describe here:

3.2. Make: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Year: \_\_\_\_\_  
 Approximate mileage: \_\_\_\_\_

Other information:

**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) **15-29534**

3.3. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

3.4. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Approximate mileage: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- No
- Yes

4.1. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

If you own or have more than one, list here:

4.2. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Other information:  
\_\_\_\_\_**Who has an interest in the property? Check one.**

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another

Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property.

**Current value of the entire property? Current value of the portion you own?**

\$ \_\_\_\_\_ \$ \_\_\_\_\_

**5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here**→ \$ **4,000.00**

Debtor 1 GERALD WILLIAM FILICE  
 First Name Middle Name Last Name

Case number (if known) 15-29534**Part 3: Describe Your Personal and Household Items****Do you own or have any legal or equitable interest in any of the following items?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**6. Household goods and furnishings***Examples:* Major appliances, furniture, linens, china, kitchenware No Yes. Describe.....

Ordinary and necessary household items

\$ 1,000.00**7. Electronics***Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games No Yes. Describe.....

TV, laptop, cell phone

\$ 250.00**8. Collectibles of value***Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No Yes. Describe.....

Pottery, pictures

\$ 1,500.00**9. Equipment for sports and hobbies***Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No Yes. Describe.....

\_\_\_\_\_

\$ \_\_\_\_\_

**10. Firearms***Examples:* Pistols, rifles, shotguns, ammunition, and related equipment No Yes. Describe.....

pistol, rifles, shotguns (approx 6 total)

\$ 500.00**11. Clothes***Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories No Yes. Describe.....

Everyday clothes

\$ 50.00**12. Jewelry***Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No Yes. Describe.....

Costume jewelry, heirloom jewelry

\$ 750.00**13. Non-farm animals***Examples:* Dogs, cats, birds, horses No Yes. Describe.....

\_\_\_\_\_

\$ \_\_\_\_\_

**14. Any other personal and household items you did not already list, including any health aids you did not list** No Yes. Give specific information.....

\_\_\_\_\_

\$ \_\_\_\_\_

**15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here** →\$ 4,050.00

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) 15-29534**Part 4: Describe Your Financial Assets****Do you own or have any legal or equitable interest in any of the following?****Current value of the portion you own?**

Do not deduct secured claims or exemptions.

**16. Cash**

Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition

 No Yes .....Cash: ..... \$ 2,000.00**17. Deposits of money**

Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.

 No Yes .....

Institution name:

17.1. Checking account:	<u>Bank of America</u>	\$ <u>324.00</u>
17.2. Checking account:	.....	\$ _____
17.3. Savings account:	.....	\$ _____
17.4. Savings account:	.....	\$ _____
17.5. Certificates of deposit:	.....	\$ _____
17.6. Other financial account:	.....	\$ _____
17.7. Other financial account:	.....	\$ _____
17.8. Other financial account:	.....	\$ _____
17.9. Other financial account:	.....	\$ _____

**18. Bonds, mutual funds, or publicly traded stocks**

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

 No Yes .....

Institution or issuer name:

.....	\$ _____
.....	\$ _____
.....	\$ _____

**19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture** No Yes. Give specific information about them.....

Name of entity:

% of ownership:	
0%	%
0%	%
0%	%

Debtor 1 GERALD WILLIAM FILICE

Case number (if known) 15-29534

**20. Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

No

Yes. Give specific information about them.....

Issuer name:

---



---



---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

**21. Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

No

Yes. List each account separately.

Type of account: Institution name:

401(k) or similar plan: \_\_\_\_\_

\$ \_\_\_\_\_

Pension plan: \_\_\_\_\_

\$ \_\_\_\_\_

IRA: \_\_\_\_\_

\$ \_\_\_\_\_

Retirement account: \_\_\_\_\_

\$ \_\_\_\_\_

Keogh: \_\_\_\_\_

\$ \_\_\_\_\_

Additional account: \_\_\_\_\_

\$ \_\_\_\_\_

Additional account: \_\_\_\_\_

\$ \_\_\_\_\_

**22. Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company

*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

No

Yes .....

Institution name or individual:

Electric: \_\_\_\_\_

\$ \_\_\_\_\_

Gas: \_\_\_\_\_

\$ \_\_\_\_\_

Heating oil: \_\_\_\_\_

\$ \_\_\_\_\_

Security deposit on rental unit: \_\_\_\_\_

\$ \_\_\_\_\_

Prepaid rent: \_\_\_\_\_

\$ \_\_\_\_\_

Telephone: \_\_\_\_\_

\$ \_\_\_\_\_

Water: \_\_\_\_\_

\$ \_\_\_\_\_

Rented furniture: \_\_\_\_\_

\$ \_\_\_\_\_

Other: \_\_\_\_\_

\$ \_\_\_\_\_

**23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years)**

No

Yes .....

Issuer name and description:

---



---



---

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) **15-29534****24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

 No Yes

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

	\$ _____
	\$ _____
	\$ _____

**25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit** No Yes. Give specific information about them....

personal trust to hold interest in real estate (1201 Watt Avenue, disclosed above)

\$ \_\_\_\_\_

**26. Patents, copyrights, trademarks, trade secrets, and other intellectual property**

Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

 No Yes. Give specific information about them....

	\$ _____
--	----------

**27. Licenses, franchises, and other general intangibles**

Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

 No Yes. Give specific information about them....

	\$ _____
--	----------

**Money or property owed to you?**

**Current value of the portion you own?**  
 Do not deduct secured claims or exemptions.

**28. Tax refunds owed to you** No Yes. Give specific information about them, including whether you already filed the returns and the tax years. ....

--

Federal: \$ \_\_\_\_\_  
 State: \$ \_\_\_\_\_  
 Local: \$ \_\_\_\_\_

**29. Family support**

Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

 No Yes. Give specific information.....

--

Alimony: \$ \_\_\_\_\_  
 Maintenance: \$ \_\_\_\_\_  
 Support: \$ \_\_\_\_\_  
 Divorce settlement: \$ \_\_\_\_\_  
 Property settlement: \$ \_\_\_\_\_

**30. Other amounts someone owes you**

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

 No Yes. Give specific information.....

Unpaid legal fees, collection lawsuit pending	\$ _____
50,000.00	

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) **15-29534****31. Interests in insurance policies**

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

 No Yes. Name the insurance company \_\_\_\_\_ Company name: \_\_\_\_\_

Beneficiary: \_\_\_\_\_

Surrender or refund value: \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**32. Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

 No Yes. Give specific information. \_\_\_\_\_

\$ \_\_\_\_\_

**33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

 No Yes. Describe each claim. \_\_\_\_\_Personal injury claim; suit pending (alternative to interest in 1201 V) \$ **150,000.00****34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims** No Yes. Describe each claim. \_\_\_\_\_

\$ \_\_\_\_\_

**35. Any financial assets you did not already list** No Yes. Give specific information. \_\_\_\_\_

\$ \_\_\_\_\_

**36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here** → **\$ 202,324.00****Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.****37. Do you own or have any legal or equitable interest in any business-related property?** No. Go to Part 6. Yes. Go to line 38.

Current value of the portion you own?  
 Do not deduct secured claims or exemptions.

**38. Accounts receivable or commissions you already earned** No Yes. Describe.....

unpaid fees as described above

\$ \_\_\_\_\_

**39. Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

 No Yes. Describe.....

Desk, filing cabinets

\$ **500.00**

Debtor 1 GERALD WILLIAM FILICE  
 First Name Middle Name Last Name

Case number (if known) 15-29534**40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade** No Yes. Describe.....

Printer/fax

\$ 25.00**41. Inventory** No Yes. Describe.....

\$ \_\_\_\_\_

**42. Interests in partnerships or joint ventures** No Yes. Describe.....

Name of entity:

% of ownership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_% \$  
% \$  
% \$**43. Customer lists, mailing lists, or other compilations** No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? No Yes. Describe.....

\_\_\_\_\_ \$ \_\_\_\_\_

**44. Any business-related property you did not already list** No Yes. Give specific  
information .....\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ \$  
\$  
\$  
\$  
\$**45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached  
for Part 5. Write that number here** →\$ 525.00**Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
If you own or have an interest in farmland, list it in Part 1.****46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?** No. Go to Part 7. Yes. Go to line 47.

**Current value of the  
portion you own?**  
**Do not deduct secured claims  
or exemptions.**

**47. Farm animals**

Examples: Livestock, poultry, farm-raised fish

 No Yes.....

\_\_\_\_\_ \$ \_\_\_\_\_

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) **15-29534****48. Crops—either growing or harvested**

- No  
 Yes. Give specific information.....

	\$ _____
--	----------

**49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- No  
 Yes.....

Nonoperational tractor and truck	\$ <b>500.00</b>
----------------------------------	------------------

**50. Farm and fishing supplies, chemicals, and feed**

- No  
 Yes.....

	\$ _____
--	----------

**51. Any farm- and commercial fishing-related property you did not already list**

- No  
 Yes. Give specific information.....

	\$ _____
--	----------

**52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here** →

	<b>\$ 500.00</b>
--	------------------

**Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above****53. Do you have other property of any kind you did not already list?**

Examples: Season tickets, country club membership

- No  
 Yes. Give specific information.....

	\$ _____
	\$ _____
	\$ _____

**54. Add the dollar value of all of your entries from Part 7. Write that number here** →

	<b>\$ 0.00</b>
--	----------------

**Part 8: List the Totals of Each Part of this Form**

<b>55. Part 1: Total real estate, line 2</b>	→	<b>\$ 340,000.00</b>
<b>56. Part 2: Total vehicles, line 5</b>	\$	<b>4,000.00</b>
<b>57. Part 3: Total personal and household items, line 15</b>	\$	<b>4,050.00</b>
<b>58. Part 4: Total financial assets, line 36</b>	\$	<b>202,324.00</b>
<b>59. Part 5: Total business-related property, line 45</b>	\$	<b>525.00</b>
<b>60. Part 6: Total farm- and fishing-related property, line 52</b>	\$	<b>500.00</b>
<b>61. Part 7: Total other property not listed, line 54</b>	+\$	<b>0.00</b>
<b>62. Total personal property. Add lines 56 through 61.</b>	\$	<b>211,399.00</b>
		Copy personal property total → +\$ <b>211,399.00</b>
<b>63. Total of all property on Schedule A/B. Add line 55 + line 62.</b>	\$	<b>551,399.00</b>

Fill in this information to identify your case:

Debtor 1	GERALD	WILLIAM	FILICE
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (If known)	15-29534		

Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
 You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on <i>Schedule A/B</i> that lists this property	Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
Brief description: <i>Schedule A/B</i> : 1201 Watt Ave.	Current value of the portion you own: Copy the value from <i>Schedule A/B</i> : \$115,000.00	Amount of the exemption you claim: <input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	Specific laws that allow exemption: CCP 704.730(3)(C)
Brief description: <i>Schedule A/B</i> : 1.2			
Brief description: <i>Schedule A/B</i> :	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Brief description: <i>Schedule A/B</i> :	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	

3. Are you claiming a homestead exemption of more than \$155,675?

(Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.)

- No  
 Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
 No  
 Yes

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) 15-29534**Part 2: Additional Page**

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption	Specific laws that allow exemption
Brief description: <u>Auto</u>	\$ <u>4,000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 704.010, 704.060
Line from Schedule A/B: <u>3.1</u>			
Brief description: <u>Household effects</u>	\$ <u>4,050.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 704.020, 704.040, 704.060
Line from Schedule A/B: <u>15</u>			
Brief description: <u>Personal injury claim</u>	\$ <u>150,000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 704.140
Line from Schedule A/B: <u>33</u>			
Brief description: <u>Cash</u>	\$ <u>2,000.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 704.060
Line from Schedule A/B: <u>16</u>			
Brief description: <u>Account</u>	\$ <u>324.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 704.060
Line from Schedule A/B: <u>17</u>			
Brief description: <u>Office furniture</u>	\$ <u>500.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 704.060
Line from Schedule A/B: <u>39</u>			
Brief description: <u>Printer</u>	\$ <u>25.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 704.060
Line from Schedule A/B: <u>40</u>			
Brief description: <u>tractor/truck</u>	\$ <u>500.00</u>	<input type="checkbox"/> \$ _____ <input checked="" type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	CCP 704.060
Line from Schedule A/B: <u>49</u>			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			
Brief description:	\$ _____	<input type="checkbox"/> \$ _____ <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	
Line from Schedule A/B:			

Fill in this information to identify your case:

Debtor 1	GERALD	WILLIAM	FILICE
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)			
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (if known)	15-29534		

Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

#### 1. Do any creditors have claims secured by your property?

- No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below.

#### Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

##### 2.1 Statebridge

Creditor's Name

5680 Greenwood Plaza Blvd.

Number Street

#100 S

Greenwood Vill. CO 80111

City

State ZIP Code

Describe the property that secures the claim:

4040 Rontree Lane, Somerset, CA 95684

Column A Amount of claim Do not deduct the value of collateral	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
\$ 300,000.00	\$ 450,000.00	\$ 0.00

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed
- Who owes the debt? Check one.**
- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another
- Check if this claim relates to a community debt
- Date debt was incurred \_\_\_\_\_
- Nature of lien. Check all that apply.**
- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

##### 2.2 Internal Revenue Service

Creditor's Name

PO Box 21126

Number Street

Describe the property that secures the claim:

\$ 46,632.00 \$ 450,000.00 \$ 0.00

4040 Rontree Lane, SOMerset, CA 95684

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed
- Who owes the debt? Check one.**
- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another
- Check if this claim relates to a community debt
- Date debt was incurred \_\_\_\_\_
- Nature of lien. Check all that apply.**
- An agreement you made (such as mortgage or secured car loan)  
 Statutory lien (such as tax lien, mechanic's lien)  
 Judgment lien from a lawsuit  
 Other (including a right to offset) \_\_\_\_\_

Last 4 digits of account number 3 8 8 3

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 346,632.00

Debtor 1

GERALD

First Name

WILLIAM

Middle Name

FILICE

Last Name

Case number (if known) 15-29534

**Part 1:****Additional Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Column A	Column B	Column C
Amount of claim	Value of collateral that supports this claim	Unsecured portion if any
Do not deduct the value of collateral.		

**2.3 Franchise Tax Board**

Describe the property that secures the claim:

\$ 207,046.00 \$ 450,000.00 \$ 118,678.00

Creditor's Name

Bankruptcy Unit

Number Street

PO Box 2952

Sacramento

CA 95812

City

State

ZIP Code

4040 Rontree Lane, Somerset, CA 95684

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number 3 8 8 3

**2.5 CL Raffety, CPA**

Describe the property that secures the claim:

\$ 15,000.00 \$ 450,000.00 \$ 0.00

Creditor's Name

Tax Collector

Number Street

360 Fair Lane

Placerville

CA 95667

City

State

ZIP Code

4040 Rontree Lane, Somerset, CA 95684

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**2.5 JWP Lenders Corp**

Describe the property that secures the claim:

\$ 3,000.00 \$ 4,000.00 \$ 0.00

Creditor's Name

8343 Folsom Blvd.

Number Street

1998 BMW

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who owes the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim relates to a community debt

Date debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Add the dollar value of your entries in Column A on this page. Write that number here: \$ 225,046.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$ 571,678.00

Debtor 1

GERALD

First Name

WILLIAM

Middle Name

FILICE

Last Name

Case number (if known) 15-29534

**Part 2: List Others to Be Notified for a Debt That You Already Listed**

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Name \_\_\_\_\_

On which line in Part 1 did you enter the creditor? \_\_\_\_\_

Number Street \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	GERALD	WILLIAM	FILICE
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (If known)	15-29534		

Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

##### 1. Do any creditors have priority unsecured claims against you?

- No. Go to Part 2.  
 Yes.

##### 2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

2.1

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

##### Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

2.2

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

##### Type of PRIORITY unsecured claim:

- Domestic support obligations  
 Taxes and certain other debts you owe the government  
 Claims for death or personal injury while you were intoxicated  
 Other. Specify \_\_\_\_\_

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Debtor 1 GERALD WILLIAM FILICE  
 First Name Middle Name Last Name

Case number (if known) 15-29534**Part 1: Your PRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
-------------	-----------------	--------------------

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

**Type of PRIORITY unsecured claim:**

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

**Type of PRIORITY unsecured claim:**

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Priority Creditor's Name \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Number Street \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent
- Unliquidated
- Disputed

Who incurred the debt? Check one.

- Debtor 1 only
- Debtor 2 only
- Debtor 1 and Debtor 2 only
- At least one of the debtors and another
- Check if this claim is for a community debt

**Type of PRIORITY unsecured claim:**

- Domestic support obligations
- Taxes and certain other debts you owe the government
- Claims for death or personal injury while you were intoxicated
- Other. Specify \_\_\_\_\_

Is the claim subject to offset?

- No
- Yes

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) 15-29534**Part 2: List All of Your NONPRIORITY Unsecured Claims****3. Do any creditors have nonpriority unsecured claims against you?**

- No. You have nothing to report in this part. Submit this form to the court with your other schedules.  
 Yes

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.**

4.1

**IRS**

Nonpriority Creditor's Name

**PO Box 21126**

Number Street

**Philadelphia**

PA

19114

City

State

ZIP Code

Last 4 digits of account number 3 8 8 3\$ 318,906.00**Total claim**

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify tax, penalty, interest

4.2

**FTB**

Nonpriority Creditor's Name

**PO Box 2952**

Number Street

**Sacramento**

CA

95812

City

State

ZIP Code

Last 4 digits of account number 3 8 8 3\$ 36,881.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify Tax, penalty, interest

4.3

**State Bar of Calif.**

Nonpriority Creditor's Name

**180 Howard St.**

Number Street

**San Francisco**

CA

94105

City

State

ZIP Code

Last 4 digits of account number       \$ 12,000.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

**Type of NONPRIORITY unsecured claim:**

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify State Bar Court costs

Debtor 1

GERALD

WILLIAM

FILICE

First Name

Middle Name

Last Name

Case number (if known) 15-29534

**Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page**

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.4

Charles Enea, et al.

Nonpriority Creditor's Name

c/o Sanford Cipinko, 55 Franklin St., Ste 403

Number Street  
San Francisco CA 94133  
City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ 0.00

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify default judgment

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Nonpriority Creditor's Name

Number Street

City State ZIP Code

Who incurred the debt? Check one.

- Debtor 1 only  
 Debtor 2 only  
 Debtor 1 and Debtor 2 only  
 At least one of the debtors and another  
 Check if this claim is for a community debt

Is the claim subject to offset?

- No  
 Yes

Last 4 digits of account number \_\_\_\_\_

\$ \_\_\_\_\_

When was the debt incurred? \_\_\_\_\_

As of the date you file, the claim is: Check all that apply.

- Contingent  
 Unliquidated  
 Disputed

Type of NONPRIORITY unsecured claim:

- Student loans  
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims  
 Debts to pension or profit-sharing plans, and other similar debts  
 Other. Specify \_\_\_\_\_

Debtor 1 **GERALD WILLIAM FILICE**

First Name

Middle Name

Last Name

Case number (if known) **15-29534****Part 3: List Others to Be Notified About a Debt That You Already Listed**

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**On which entry in Part 1 or Part 2 did you list the original creditor?**

Name \_\_\_\_\_

Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** \_\_\_\_\_**On which entry in Part 1 or Part 2 did you list the original creditor?**Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** \_\_\_\_\_**On which entry in Part 1 or Part 2 did you list the original creditor?**Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** \_\_\_\_\_**On which entry in Part 1 or Part 2 did you list the original creditor?**Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** \_\_\_\_\_**On which entry in Part 1 or Part 2 did you list the original creditor?**Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** \_\_\_\_\_**On which entry in Part 1 or Part 2 did you list the original creditor?**Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** \_\_\_\_\_**On which entry in Part 1 or Part 2 did you list the original creditor?**Line \_\_\_\_ of (Check one):  Part 1: Creditors with Priority Unsecured Claims  
 Part 2: Creditors with Nonpriority Unsecured Claims**Last 4 digits of account number** \_\_\_\_\_

Debtor 1

GERALD

WILLIAM

FILICE

First Name

Middle Name

Last Name

Case number (if known) 15-29534

**Part 4:****Add the Amounts for Each Type of Unsecured Claim**

- 6.** Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.  
Add the amounts for each type of unsecured claim.

**Total claim****Total claims from Part 1:****6a. Domestic support obligations**

6a. \$ \_\_\_\_\_

**6b. Taxes and certain other debts you owe the government**

6b. \$ \_\_\_\_\_

**6c. Claims for death or personal injury while you were intoxicated**

6c. \$ \_\_\_\_\_

**6d. Other.** Add all other priority unsecured claims.  
Write that amount here.

6d. + \$ \_\_\_\_\_

**6e. Total.** Add lines 6a through 6d.

6e. \$ 0.00

**Total claim****Total claims from Part 2:****6f. Student loans**

6f. \$ \_\_\_\_\_

**6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims**

6g. \$ \_\_\_\_\_

**6h. Debts to pension or profit-sharing plans, and other similar debts**

6h. \$ \_\_\_\_\_

**6i. Other.** Add all other nonpriority unsecured claims.  
Write that amount here.

6i. + \$ 367,787.00

**6j. Total.** Add lines 6f through 6i.

6j. \$ 367,787.00

Fill in this information to identify your case:

Debtor	GERALD WILLIAM FILICE	
	First Name	Middle Name
Debtor 2 (Spouse if filing)	Last Name	
	First Name	Middle Name
United States Bankruptcy Court for the: Eastern District of California		
Case number (if known)	15-29534	

Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- No. Check this box and file this form with your other schedules. You have nothing else to report on this form.  
 Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease		State what the contract or lease is for
2.1	Name _____ Number Street _____ City _____ State _____ ZIP Code _____		
2.2	Name _____ Number Street _____ City _____ State _____ ZIP Code _____		
2.3	Name _____ Number Street _____ City _____ State _____ ZIP Code _____		
2.4	Name _____ Number Street _____ City _____ State _____ ZIP Code _____		
2.5	Name _____ Number Street _____ City _____ State _____ ZIP Code _____		

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) **15-29534**

**Additional Page if You Have More Contracts or Leases**

**Person or company with whom you have the contract or lease**

**What the contract or lease is for**

**2.**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**2.**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**2.**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**2.**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**2.**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**2.**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**2.**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

**2.**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City State ZIP Code \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>GERALD</b>	<b>WILLIAM</b>	<b>FILICE</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (if known)	<b>15-29534</b>		

Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.)

No  
 Yes

2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.  
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No  
 Yes. In which community state or territory did you live? **CA**. Fill in the name and current address of that person.

**Ursula Filice**

Name of your spouse, former spouse, or legal equivalent

**4040 Rontree Lane**

Number Street

**Somerset**

**CA**

**95684**

City

State

ZIP Code

3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.

**Column 1: Your codebtor**

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

**3.1**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

**3.2**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

**3.3**

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Schedule D, line \_\_\_\_\_

Schedule E/F, line \_\_\_\_\_

Schedule G, line \_\_\_\_\_

Debtor 1 GERALD WILLIAM FILICE  
First Name Middle Name Last Name

Case number (if known) 15-29534

**Additional Page to List More Codebtors****Column 1: Your codebtor**

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

3. \_\_\_\_\_

Name \_\_\_\_\_

Number Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

 Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_ Schedule D, line \_\_\_\_\_ Schedule E/F, line \_\_\_\_\_ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<b>GERALD</b>	<b>WILLIAM</b>	<b>FILICE</b>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (if known)	<u>15-29534</u>		

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 income as of the following date:  
 MM / DD / YYYY

Official Form 106I

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

Employment status

Employed

Not employed

Employed

Not employed

Occupation

Consultant

Employer's name

self

Employer's address

2443 Fair Oaks Blvd. #125

Number Street

Number Street

Sacramento CA 95825

City State ZIP Code

City State ZIP Code

How long employed there? 24 years

24 years

### Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

For Debtor 1

\$ \_\_\_\_\_

For Debtor 2 or non-filing spouse

\$ \_\_\_\_\_

3. Estimate and list monthly overtime pay.

3. + \$ \_\_\_\_\_

+ \$ \_\_\_\_\_

4. Calculate gross income. Add line 2 + line 3.

4. \$ 0.00

\$ \_\_\_\_\_

Debtor 1 **GERALD WILLIAM FILICE** Case number (if known) **15-29534**

First Name Middle Name Last Name

	<b>For Debtor 1</b>	<b>For Debtor 2 or non-filing spouse</b>
<b>Copy line 4 here.....</b>	→ 4. \$ _____	\$ _____
<b>5. List all payroll deductions:</b>		
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ _____	\$ _____
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ _____	\$ _____
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ _____	\$ _____
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ _____	\$ _____
5e. <b>Insurance</b>	5e. \$ _____	\$ _____
5f. <b>Domestic support obligations</b>	5f. \$ _____	\$ _____
5g. <b>Union dues</b>	5g. \$ _____	\$ _____
5h. <b>Other deductions. Specify: _____</b>	5h. + \$ _____	+ \$ _____
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ _____	\$ _____
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ _____	\$ _____
<b>8. List all other income regularly received:</b>		
8a. <b>Net income from rental property and from operating a business, profession, or farm</b> <small>Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.</small>	8a. \$ <u>2,500.00</u>	\$ _____
8b. <b>Interest and dividends</b>	8b. \$ _____	\$ _____
8c. <b>Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> <small>Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.</small>	8c. \$ _____	\$ _____
8d. <b>Unemployment compensation</b>	8d. \$ _____	\$ _____
8e. <b>Social Security</b>	8e. \$ _____	\$ _____
8f. <b>Other government assistance that you regularly receive</b> <small>Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____</small>	8f. \$ _____	\$ _____
8g. <b>Pension or retirement income</b>	8g. \$ _____	\$ _____
8h. <b>Other monthly income. Specify: _____</b>	8h. + \$ _____	+ \$ _____
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. \$ <u>2,500.00</u>	\$ _____
<b>10. Calculate monthly income.</b> Add line 7 + line 9. <small>Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.</small>	10. \$ <u>2,500.00</u>	+ \$ _____ = \$ _____
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> <small>Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____</small>	11. + \$ _____	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. <small>Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i>, if it applies</small>	12. \$ <u>2,500.00</u> Combined monthly income	
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>	<input type="checkbox"/> No. <input checked="" type="checkbox"/> Yes. Explain: <b>Business is improving</b>	

Fill in this information to identify your case:

Debtor 1	First Name <b>GERALD</b>	Middle Name <b>WILLIAM</b>	Last Name <b>FILICE</b>
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (If known)	<b>15-29534</b>		

Check if this is:

- An amended filing  
 A supplement showing postpetition chapter 13 expenses as of the following date:  
 MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

- No. Go to line 2.  
 Yes. Does Debtor 2 live in a separate household?  
 No  
 Yes. Debtor 2 must file Official Form 106J-2, Expenses for Separate Household of Debtor 2.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

	<input type="checkbox"/> No	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
	<input checked="" type="checkbox"/> Yes. Fill out this information for each dependent.....			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Wife	56	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		Son	28	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes
				<input type="checkbox"/> No <input type="checkbox"/> Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- No  
 Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental Schedule J, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on Schedule I: Your Income (Official Form 106I).

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

Your expenses  
 4. \$ 450.00

If not included in line 4:

- 4a. Real estate taxes  
 4b. Property, homeowner's, or renter's insurance  
 4c. Home maintenance, repair, and upkeep expenses  
 4d. Homeowner's association or condominium dues

4a. \$ \_\_\_\_\_  
 4b. \$ \_\_\_\_\_  
 4c. \$ \_\_\_\_\_  
 4d. \$ \_\_\_\_\_

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) 15-29534**Your expenses**

5. Additional mortgage payments for your residence, such as home equity loans	5. \$ _____
<b>6. Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <u>450.00</u>
6b. Water, sewer, garbage collection	6b. \$ _____
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <u>700.00</u>
6d. Other. Specify: _____	6d. \$ _____
<b>7. Food and housekeeping supplies</b>	
<b>8. Childcare and children's education costs</b>	
<b>9. Clothing, laundry, and dry cleaning</b>	
<b>10. Personal care products and services</b>	
<b>11. Medical and dental expenses</b>	
12. Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <u>400.00</u>
<b>13. Entertainment, clubs, recreation, newspapers, magazines, and books</b>	
<b>14. Charitable contributions and religious donations</b>	
<b>15. Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ _____
15b. Health insurance	15b. \$ _____
15c. Vehicle insurance	15c. \$ <u>80.00</u>
15d. Other insurance. Specify: _____	15d. \$ _____
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ _____
<b>17. Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <u>400.00</u>
17b. Car payments for Vehicle 2	17b. \$ _____
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
<b>18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	
<b>19. Other payments you make to support others who do not live with you.</b> Specify: utilities for wife, son, other support	
19. \$ <u>1,000.00</u>	
<b>20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ _____
20b. Real estate taxes	20b. \$ _____
20c. Property, homeowner's, or renter's insurance	20c. \$ _____
20d. Maintenance, repair, and upkeep expenses	20d. \$ _____
20e. Homeowner's association or condominium dues	20e. \$ _____

Debtor 1 **GERALD WILLIAM FILICE**

Case number (*if known*) **15-29534**

21. Other. Specify: \_\_\_\_\_

21. +\$ \_\_\_\_\_

**22. Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a. \$ 4,405.00

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b. \$ \_\_\_\_\_

22c. Add line 22a and 22b. The result is your monthly expenses.

22c. \$ 4,405.00

**23. Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from Schedule I.

23a. \$ 2,500.00

23b. Copy your monthly expenses from line 22c above.

23b. -\$ 4,405.00

23c. Subtract your monthly expenses from your monthly income.

23c. \$ -1,905.00

The result is your *monthly net income*.

**24. Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

Yes.

Explain here:

Fill in this information to identify your case:

Debtor 1	GERALD	WILLIAM	FILICE
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: Eastern District of California			
Case number (if known)	15-29534		

Check if this is an amended filing

## Official Form 107

### Statement of Financial Affairs for Individuals Filing for Bankruptcy

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Give Details About Your Marital Status and Where You Lived Before

##### 1. What is your current marital status?

- Married  
 Not married

##### 2. During the last 3 years, have you lived anywhere other than where you live now?

- No  
 Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:

Dates Debtor 1 Debtor 2:  
lived there

Dates Debtor 2  
lived there

4040 Rontree Lane

Number Street

From 06/01/1997

Number Street

From \_\_\_\_\_

To \_\_\_\_\_

To 04/01/2014

Same as Debtor 1

Same as Debtor 1

Somerset

CA 95684

City State ZIP Code

City State ZIP Code

Same as Debtor 1

Same as Debtor 1

Number Street

From \_\_\_\_\_

Number Street

From \_\_\_\_\_

To \_\_\_\_\_

To \_\_\_\_\_

City State ZIP Code

City State ZIP Code

##### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- No  
 Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).

#### Part 2: Explain the Sources of Your Income

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) 15-29534**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

 No Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:**

**For last calendar year:**

(January 1 to December 31, 2014)  
YYYY

**For the calendar year before that:**

(January 1 to December 31, 2013)  
YYYY

Debtor 1	Debtor 2
<b>Sources of income Check all that apply.</b>	<b>Sources of income Check all that apply.</b>
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
\$ <u>70,000.00</u>	\$ _____
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
\$ <u>27,170.00</u>	\$ _____
<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	<input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business
\$ <u>79,800.00</u>	\$ _____

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

 No Yes. Fill in the details.

**From January 1 of current year until the date you filed for bankruptcy:**

**For last calendar year:**

(January 1 to December 31, 2014)  
YYYY

**For the calendar year before that:**

(January 1 to December 31, 2014)  
YYYY

Debtor 1	Debtor 2
<b>Sources of income Describe below.</b>	<b>Sources of income Describe below.</b>
<b>Gross income from each source (before deductions and exclusions)</b>	<b>Gross income from each source (before deductions and exclusions)</b>
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) **15-29534****Part 3: List Certain Payments You Made Before You Filed for Bankruptcy****6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

- No. **Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,225\* or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$6,225\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.

- Yes. **Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

- No. Go to line 7.

- Yes. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

Creditor's Name	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
_____	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	
Creditor's Name	_____	\$ _____	\$ _____	<input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Other _____
Number Street	_____	_____	_____	
City State ZIP Code	_____	_____	_____	

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) **15-29534****7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

No

Yes. List all payments to an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Number Street		\$	\$	
City State ZIP Code		\$	\$	
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**

Include payments on debts guaranteed or cosigned by an insider.

No

Yes. List all payments that benefited an insider.

Insider's Name	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Number Street		\$	\$	
City State ZIP Code		\$	\$	
Insider's Name		\$	\$	
Number Street				
City State ZIP Code				

Debtor 1 **GERALD WILLIAM FILICE**

Case number (if known) **15-29534**

**Part 4: Identify Legal Actions, Repossessions, and Foreclosures**

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**

List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

No

Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
<p>Case title <u>Filice v. Papierniak</u></p> <hr/> <p>Case number <u>34-2015-00186608</u></p>	<p>Quiet title, personal injury, fraud, other related causes of action</p> <p>Superior Court Sacramento</p> <p>Court Name</p> <p>720 9th St.</p> <p>Number Street</p> <p>Sacramento CA 95814</p> <p>City State ZIP Code</p>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
<p>Case title <u>Papierniak v. Filice</u></p> <hr/> <p>Case number _____</p>	<p>Alleged unlawful detainer (been consolidated with 34-2015-00186608)</p> <p>Superior Court Sacramento</p> <p>Court Name</p> <p>720 9th St.</p> <p>Number Street</p> <p>Sacramento CA 95814</p> <p>City State ZIP Code</p>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**

Check all that apply and fill in the details below.

No. Go to line 11.

Yes. Fill in the information below.

Describe the property	Date	Value of the property
<p>Creditor's Name</p> <hr/> <p>Number Street</p> <hr/> <p>City State ZIP Code</p>		\$ _____
<p>Explain what happened</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Property was repossessed.</li> <li><input type="checkbox"/> Property was foreclosed.</li> <li><input type="checkbox"/> Property was garnished..</li> <li><input type="checkbox"/> Property was attached, seized, or levied.</li> </ul>		
<p>Creditor's Name</p> <hr/> <p>Number Street</p> <hr/> <p>City State ZIP Code</p>		\$ _____
<p>Explain what happened</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Property was repossessed.</li> <li><input type="checkbox"/> Property was foreclosed.</li> <li><input type="checkbox"/> Property was garnished..</li> <li><input type="checkbox"/> Property was attached, seized, or levied.</li> </ul>		

Debtor 1 **GERALD WILLIAM FILICE**

Case number (if known) 15-29534

**11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?**

- No  
 Yes. Fill in the details.

Describe the action the creditor took		Date action was taken	Amount
Creditor's Name			\$ _____
Number Street			\$ _____
City	State	ZIP Code	Last 4 digits of account number: XXXX-_____

**12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?**

- No  
 Yes

#### **Part 5: List Certain Gifts and Contributions**

**13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?**

- No  
 Yes. Fill in the details for each gift.

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City	State	ZIP Code	
Person's relationship to you			
Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift			\$ _____
Number Street			\$ _____
City	State	ZIP Code	
Person's relationship to you			

Debtor 1 **GERALD WILLIAM FILICE**

Case number (if known) 15-29534

**14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?**

No

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name  _____ _____			\$ _____
Number Street  _____			\$ _____
City State ZIP Code  _____			

**Part 6: List Certain Losses**

**15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?**

No

Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss  Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost
_____	_____		\$ _____
_____	_____		

**Part 7: List Certain Payments or Transfers**

**16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone  
you consulted about seeking bankruptcy or preparing a bankruptcy petition?**

Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy.

No

Yes. Fill in the details.

Description and value of any property transferred	Date payment or transfer was made	Amount of payment
Person Who Was Paid  _____		
Number Street  _____		\$ _____
City State ZIP Code  _____		\$ _____
Email or website address  _____		
Person Who Made the Payment, if Not You  _____		

Debtor 1 **GERALD WILLIAM FILICE**

Case number (if known) **15-29534**

<b>Description and value of any property transferred</b>			<b>Date payment or transfer was made</b>	<b>Amount of payment</b>
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
City State ZIP Code				
Email or website address				
Person Who Made the Payment, if Not You				

**17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors?**

Do not include any payment or transfer that you listed on line 16.

- No  
 Yes. Fill in the details.

<b>Description and value of any property transferred</b>			<b>Date payment or transfer was made</b>	<b>Amount of payment</b>
Person Who Was Paid			_____	\$ _____
Number Street			_____	\$ _____
City State ZIP Code				

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).

Do not include gifts and transfers that you have already listed on this statement.

- No  
 Yes. Fill in the details.

<b>Description and value of property transferred</b>	<b>Describe any property or payments received or debts paid in exchange</b>	<b>Date transfer was made</b>
Person Who Received Transfer		_____
Number Street		_____
City State ZIP Code		
Person's relationship to you _____		
Person Who Received Transfer		_____
Number Street		_____
City State ZIP Code		
Person's relationship to you _____		

Debtor 1 **GERALD WILLIAM FILICE**

Case number (if known) 15-29534

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)**

- No  
 Yes. Fill in the details.

**Description and value of the property transferred**

**Date transfer was made**

Name of trust \_\_\_\_\_

\_\_\_\_\_

**Part 8: List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units**

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

- No  
 Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

Name of Financial Institution

XXXX- \_\_\_\_\_

Checking

\$ \_\_\_\_\_

Number Street

Savings

City State ZIP Code

Money market

Brokerage

Other \_\_\_\_\_

Name of Financial Institution

XXXX- \_\_\_\_\_

Checking

\$ \_\_\_\_\_

Number Street

Savings

City State ZIP Code

Money market

Brokerage

Other \_\_\_\_\_

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

- No  
 Yes. Fill in the details.

**Who else had access to it?**

**Describe the contents**

**Do you still have it?**

- No  
 Yes

Name of Financial Institution

Name \_\_\_\_\_

Number Street

Number Street \_\_\_\_\_

City State ZIP Code

Debtor 1 **GERALD WILLIAM FILICE**

Case number (if known) **15-29534**

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

- No  
 Yes. Fill in the details.

<b>Who else has or had access to it?</b>		<b>Describe the contents</b>	<b>Do you still have it?</b>
Name of Storage Facility	Name		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes
Number Street	Number Street		
City State ZIP Code			
City	State	ZIP Code	

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- No  
 Yes. Fill in the details.

<b>Where is the property?</b>	<b>Describe the property</b>	<b>Value</b>
Owner's Name		\$ _____
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code

**Part 10: Give Details About Environmental Information**

For the purpose of Part 10, the following definitions apply:

- **Environmental law** means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- **Site** means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- **Hazardous material** means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- No  
 Yes. Fill in the details.

<b>Governmental unit</b>	<b>Environmental law, if you know it</b>	<b>Date of notice</b>
Name of site	Governmental unit	_____
Number Street	Number Street	
City State ZIP Code		
City	State	ZIP Code

Debtor 1 **GERALD WILLIAM FILICE**  
 First Name Middle Name Last Name

Case number (if known) 15-29534**25. Have you notified any governmental unit of any release of hazardous material?**

- No  
 Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site	Governmental unit		
Number Street	Number Street		
City	State ZIP Code		
City	State ZIP Code		

**26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

- No  
 Yes. Fill in the details.

Court or agency	Nature of the case	Status of the case
Case title	Court Name	<input type="checkbox"/> Pending
	Number Street	<input type="checkbox"/> On appeal
Case number	City State ZIP Code	<input type="checkbox"/> Concluded

**Part 11: Give Details About Your Business or Connections to Any Business****27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time  
 A member of a limited liability company (LLC) or limited liability partnership (LLP)  
 A partner in a partnership  
 An officer, director, or managing executive of a corporation  
 An owner of at least 5% of the voting or equity securities of a corporation

 No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business.

Gerald Filice, Attorney Business Name 2443 Fair Oaks Blvd.#125 Number Street	Describe the nature of the business  Law practice (now consulting business)	Employer Identification number Do not include Social Security number or ITIN.  EIN: _____ - _____
Sacramento CA 95825 City State ZIP Code	Name of accountant or bookkeeper  none	Dates business existed  From 11/15/1991 To 12/10/2015
Business Name 1201 Watt Ave. Number Street	Describe the nature of the business  Partnership theory relating to 1201 Watt	Employer Identification number Do not include Social Security number or ITIN.  EIN: _____ - _____
Sacramento CA 95864 City State ZIP Code	Name of accountant or bookkeeper  none	Dates business existed  From 03/04/2015 To 12/10/2015

Debtor 1 **GERALD WILLIAM FILICE**

Case number (if known) 15-29534

<b>Business Name</b>	<b>Describe the nature of the business</b>	<b>Employer Identification number</b> Do not include Social Security number or ITIN.
<b>Number Street</b>	<b>Name of accountant or bookkeeper</b>	<b>EIN:</b> _____
<b>City</b>	<b>Dates business existed</b>	<b>From</b> _____ <b>To</b> <u>12/10/2015</u>
<b>State</b>	<b>ZIP Code</b>	

**28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.**

No

Yes. Fill in the details below.

**Date issued**

**Name**

**MM / DD / YYYY**

**Number Street**

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

#### Part 12: Sign Below

I have read the answers on this **Statement of Financial Affairs** and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

**X**

Signature of Debtor 1

**X**

Signature of Debtor 2

Date 12/30/2015

Date \_\_\_\_\_

Did you attach additional pages to **Your Statement of Financial Affairs for Individuals Filing for Bankruptcy** (Official Form 107)?

No

Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person \_\_\_\_\_

Attach the **Bankruptcy Petition Preparer's Notice, Declaration, and Signature** (Official Form 119).